

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000027346

1. Corporation Name

CONDON & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

134 W GOVERNMENT ST
PENSACOLA FL 32501

134 W GOVERNMENT ST
PENSACOLA FL 32501

25 WEST CEDAR ST. SUITE 430
PENSACOLA, FL 32502

25 WEST CEDAR ST. SUITE 430
PENSACOLA, FL 32502

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

25 WEST CEDAR ST.

25 WEST CEDAR ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 430

SUITE 430

City & State

City & State

PENSACOLA, FL

PENSACOLA, FL

Zip

Zip

32502

32502

Country

Country

FLORIDA

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2000

5. FEI Number

59-3629823

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CONDON, ROBERT P	134 W GOVERNMENT ST 25 WEST CEDAR ST SUITE 430	PENSACOLA FL 32501 32502

300024337353
10/31/03--01080--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONDON, ROBERT P
134 W GOVERNMENT ST
PENSACOLA FL 32501

Name

ROBERT P. CONDON

Street Address (P.O. Box Number is Not Acceptable)

25 WEST CEDAR ST.

Suite, Apt. #, Etc.

SUITE 430

City

PENSACOLA

State

FL

Zip Code

32502

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/29/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., if owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/03 850-436-7710

Daytime



Employer Account Change Form

UCS-3
R. 08/01

Employer legal name CONDON & ASSOCIATES, INC.

Unemployment Tax account number

2251359-6

Complete only the items showing a change in your business.

Owner _____
(Legal name of individual, principal partner, or corporation)

Business name (d/b/a) _____ Telephone number (_____) _____
(Business, trade, or fictitious [d/b/a] name)

Mailing address 25 WEST CEDAR ST. SUITE 430 PENSACOLA, FL 32502
(Street address, City, State, ZIP)

Business location SAME AS MAILING ADDRESS

Federal ID number

□□-□□□□□□□□

Fax number

□□□-□□□-□□□□

Corporation:

☐ Corporate name change (attach supporting documentation)

Will the same business activity continue under the new corporate name? ☐ Yes ☐ No

If No, please indicate new business activity _____

☐ Change of officers (attach list of officers with Social Security numbers, home addresses and telephone numbers)

Leasing employees: Name of leasing company _____

Unemployment Tax account number of leasing company

□□□□□□□□-□□

Date leasing began

□□-□□-□□□□

Are all employees leased?

☐ yes ☐ no

Business closed:

Date of last payroll

□□-□□-□□□□

Date business closed

□□-□□-□□□□

If you incorporated or purchased a business, you must complete an *Application to Collect and/or Report Tax in Florida* (Form DR-1) and a *Report to Determine Succession* (Form UCS-1S). **Note: The Report to Determine Succession for partial acquisitions must be postmarked within 90 days of the acquisition date to be considered timely.**

Signature _____

Date _____

Title _____

Telephone number (include area code) _____

Sign, date, and mail this **Employer Account Change Form** to:

or

fax to: 850-488-5833

FLORIDA DEPARTMENT OF REVENUE

PO BOX 6510

TALLAHASSEE FL 32314-6510

For Information and Forms

Information and forms are available on our Internet site at www.myflorida.com/dor

Need Assistance?

To speak with a Department of Revenue representative, call Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET, at 1-800-482-8293.

Hearing or speech impaired persons may call the TDD line at 1-800-367-8331 or 850-922-1115.

For a written response to your questions, write:

TAX INFORMATION SERVICES
FLORIDA DEPARTMENT OF REVENUE
1379 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304-2716

Need Forms?

To receive forms by mail:

- Order multiple copies of forms from our Internet site at www.myflorida.com/dor/forms/order
- Fax your form request to the DOR Distribution Center at 850-922-2208
- Call the DOR Distribution Center at 850-488-8422

Fax on Demand:

Call 850-922-3676 from your fax machine telephone to receive a fax copy of a form.

Richard S. Lacour
Certified Public Accountant
A PROFESSIONAL CORPORATION

3333 W. Napoleon Ave., Suite 101
Metairie, Louisiana 70001
(504) 831-0078

October 27, 2003

Florida Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Condon & Associates, Inc.
FEIN: 59-3629823

Dear Sir or Madam:

Condon & Associates ("Condon") has recently moved their business office as you will see in the change of address section on the Application for Reinstatement.

Hence, the original annual report was not received. Condon respectfully requests a waiver of the reinstatement penalty.

If you have any questions regarding this information, please call me at (504) 831-0078.

Very truly yours,



Richard S. Lacour

Enclosures

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